## IOWA DEPARTMENT OF HUMAN SERVICES

PAGE 1 RUN DATE 11/24/12 AS OF 11/30/12 MEDICAID MANAGEMENT INFORMATION SYSTEM

> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (MONTHLY TOTALS AS OF 11/30/12)

					* * * * * A V E R A G E S * * * * * *				
					COST PER	COST PER UN		COST PER	
CATEGORY OF SERVICE	RECIPIENTS N	UMBER OF	UNITS OF	TOTAL	UNIT OF	ELIGIBLE F	RECIPIENT	RECIPIENT	
	SERVED	CLAIMS	SERVICE	PAYMENT		RECIPIENT		SERVED	
INPATIENT	5,837			\$35,092,183.44		\$68.92		\$6,012.02	
OUTPATIENT				\$20,538,286.58	\$14.77	\$40.33		\$295.29	
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00	
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00		\$0.00	
ADULT PART HOSP	0		0		\$0.00	\$0.00		\$0.00	
ADULT DAY TREATMENT		0	0		\$0.00	\$0.00			
SKILLED NURSING FACILITY				\$1,961,956.25	\$170.44	\$3.85	14.6	\$2,496.13	
INTERMEDIATE CARE FACILITY	11,715	12,306	358,680	\$46,052,012.50	\$128.39	\$90.44	30.6	\$3,931.03	
INTER CARE MENTAL RETARDA	1,719	1,755	52,861	\$17,320,572.08	\$327.66	\$34.01	30.8	\$10,075.96	
NURSING FAC FOR MENTAL ILL	68	78	2,314	\$772,244.23	\$333.73	\$2.89	34.0	\$11,356.53	
HOME HEALTH	12,441				\$36.16			\$775.84	
LEAD INSPECTION AGENCY	5			\$1,750.00	\$350.00		1.0	\$350.00	
PHYSICIAN	127,282	265,011	468,822	\$16,080,058.29	\$34.30	\$31.58	3.7	\$126.33	
CLINIC SERVICES	22,033	29,869	28,378	\$4,848,954.74	\$170.87	\$9.52	1.3	\$220.08	
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00	
EHR INCENTIVE PAYMENTS				\$3,106,831.00	\$0.00	\$6.10	.0	\$0.00	
LAB AND RADIOLOGICAL	16,888	24,126	41,001	\$845,262.61	\$20.62	\$1.66	2.4	\$50.05	
HABILITATION SERVICES	3,897	11,022	120,395	\$6,551,540.03	\$54.42	\$12.87	30.9	\$1,681.18	
BEHAVIORAL HLTH INTERVENTN SVC	390,273	424,061	419,276	\$5,308,759.27	\$12.66	\$10.43	1.1	\$13.60	
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00	
AMBULANCE SERVICES	3,256	3,863	3,835	\$478,221.22	\$124.70	\$0.94	1.2	\$146.87	
LOCAL EDUCATION AGENCY	1,714	19,921	365,942	\$4,892,436.56	\$13.37	\$9.61	213.5	\$2,854.40	
INFANT TODDLER	319			\$16,516.47	\$12.04	\$0.03	4.3	\$51.78	
PRESCRIBED DRUGS	140,309	404,935		\$18,335,639.77	\$51.88		2.5	\$130.68	
IOWA-PLAN-PMIC		255,286		\$2,682,878.41	\$10.51	\$5.27			
DRUG CAPITATION	. 0	. 0			\$0.00	\$0.00	.0	\$0.00	
NEMT SERVICES	389,684	408,783	408,574	0.00 874,348.36	\$2.14	\$1.72		\$2.24	
INDIAN HEALTH SERVICES	Π	Ó	. 0	\$0.00	\$0.00	\$0.00			
FAMILY PLANNING SERVICES	5,922	6,683	6,668	\$624,083.63	\$93.59	\$1.23	1.1	\$105.38	
IOWA CARE MED HOME CAPITATION	. 0	Ó	· o	\$0.00	\$0.00	\$0.00	.0		
IOWA PLAN PROGRAM	390,046	424,061	423,821	\$0.00 \$11,596,598.54 \$0.00	\$27.36	\$22.77		\$29.73	
MANAGED SUBSTANCE ABUSE	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00	
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00			
EPSDT SCREENING	4,818	5,368	5,339	\$1,626,387.49	\$304.62	\$6.10	1.1	\$337.56	
HMO SERVICES	11,258	11,669	11,669	\$1,940,600.28	\$166.30	\$859.05	1.0	\$172.38	
PACE SERVICES	173	174	168	\$513,744.21	\$3,058.00	\$1.01	1.0	\$2,969.62	
PATIENT MANAGEMENT	187,825	187,997	187,976	\$375,888.92	\$2.00	\$47.54	1.0	\$2.00	
HEALTH INS PREMIUM PAYMENT	3,166	7,196	7,196	\$510,276.44	\$70.91	\$1.00	2.3	\$161.17	
MEDICAL SUPPLIES	26,249	42,762	1,678,417	\$3,788,051.94	\$2.26	\$7.50	63.9	\$144.31	
HEALTH HOME PROVIDER	687	984	973	\$20,199.24	\$20.76	\$0.04	1.4	\$29.40	
OTHER PRACTITIONER	18,916	33,175	79,753	\$2,897,379.48	\$36.33	\$5.69	4.2	\$153.17	
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00	
FAMILY PRESERVATION	0	ō	ō	\$0.00	\$0.00	\$0.00	.0	\$0.00	
TREATMENT FOSTER FAMILY CARE	0	ō	ō	\$0.00	\$0.00	\$0.00	.0	\$0.00	
GROUP TREATMENT THERAPY	0	o	0	\$0.00	\$0.00	\$0.00	.0	\$0.00	
DENTAL	26,499	31,780	31,947	\$4,470,326.07	\$139.93	\$8.85	1.2	\$168.70	
OPTOMETRIST	11,715	13,783	14,703	\$811,442.93	\$55.19	\$1.59	1.3	\$69.27	
CHIROPRACTIC	8,707	16,010	18,983	\$435,543.83	\$22.94	\$0.86	2.2	\$50.02	
PODIATRIC	4,834	5,900	7,816	\$232,022.23	\$29.69	\$0.46	1.6	\$48.00	
	1,004	0,500	.,010	,202,022.20	400.00	40.10	1.0	7.0.00	

IAMM2200-R002 (MR-0-12) AS OF 11/30/12

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 11/24/12

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TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 11/30/12)

CATEGORY OF SERVICE	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	COST PER UNIT OF		TS PER CIPIENT	COST PER RECIPIENT				
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE		ERVED	SERVED				
PHYSICAL DISABILITIES SVCS	733	952	27,586	\$358,206.33	\$12.99	\$0.70	37.6	\$488.69				
BRAIN INJ WAIVER SERVICES	1,208	2,537	53,228	\$293,214.70	\$5.51	\$0.58	44.1	\$242.73				
PSYCHIATRIC	3,655	6,550	7,321	\$184,213.95	\$25.16	\$0.36	2.0	\$50.40				
RESIDENTIAL CARE FACILITY	1,063	1,051	30,143	\$231,087.21	\$7.67	\$0.45	28.4	\$217.39				
ID WAIVER SERVICE	10,510	19,945	592,423	\$31,997,531.56	\$54.01	\$2,730.16	56.4	\$3,044.48				
CHILDRENS MENTAL HEALTH SVC	753	1,063	35,270	\$643,118.90	\$18.23	\$651.59	46.8	\$854.08				
AIDS WAIVER SERVICES	32	55	2,551	\$28,321.13	\$11.10	\$858.22	79.7	\$885.04				
ELDERLY WAIVER SERVICES	8,824	26,675	454,906	\$6,421,818.50	\$14.12	\$708.81	51.6	\$727.77				
ILL & HANDICAPPED WAIVER SVCS	1,999	3,102	91,335	\$1,753,185.07	\$19.20	\$676.12	45.7	\$877.03				
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00				
MEP SERVICES	9,918	11,185	69,771	\$8,511,467.41	\$121.99	\$16.72	7.0	\$858.18				
UNASSIGNED	2	0	0	\$2,115,041.33-	\$0.00	\$4.15-	.0	\$0.00				
* ALL CATEGORIES *	430,834	2,847,106	8,412,932	\$273,562,289.73	\$32.52	\$537.23	19.5	\$634.96				
*** END OF REPORT ***												